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Dated: 12/18/03 Signature: _____

(Marcus J. Millet)

EXPEDITED PROCEDURE

Group Art Unit: 2827

Docket No.: TESSERA 3.0-085 CONT DIV CIP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: _____ :
Joseph Fjelstad :
Application No.: 09/732,821 : Group Art Unit: 2827
Filed: December 8, 2000 : Examiner: A. Chambliss
For: METHODS FOR MANUFACTURING :
RESISTORS USING A SACRIFICIAL :
LAYER _____

AMENDMENT UNDER 37 C.F.R. § 1.116

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

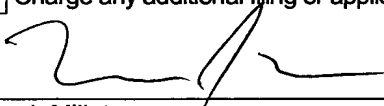
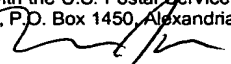
Dear Sir:

In response to the Office Action dated June 25, 2003, finally rejecting claims 1-37, applicant submits the following amendments:

12/24/2003 SZEWDIE1 00000047 121095 09732821

02 FC:1201 86.00 DA



AMENDMENT TRANSMITTAL LETTER				Expedited Procedure	
Application No. 09/732,821		Filing Date December 8, 2000		Examiner A. Chambliss	
				Group Art Unit 2827	
Applicant(s): Joseph Fjelstad				Docket No. TESSERA 3.0-085 CONT	
Invention: METHODS FOR MANUFACTURING RESISTORS USING A SACRIFICIAL LAYER					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	37	- 48 =		x	0.00
Independent Claims	7	- 6 =	1	x 86.00	86.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					86.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-1095</u> in the amount of <u>86.00</u> .					
A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
				Dated: <u>December 18, 2003</u>	
Marcus J. Millet Attorney Reg. No. 28,241					
LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 (908) 654-5000					
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Dated: December 18, 2003		Signature:  (Marcus J. Millet)			